

Request for Official OCONUS Temporary Duty Travel

Date

22nd January 2010

(ALL BLOCKS MUST BE COMPLETED)

TO:

DEPUTY CHIEF OF STAFF, G-1/4
(ATBO-BP)
5C NORTHGATE ROAD
FORT MONROE VA 23651-1048

THRU: (Installation/Activity OCONUS Program
Manager)

FROM: (Requester's section and DSN Number)

1. Traveler(s): (Indicate name, rank/grade, title, organization/installation/activity to which assigned, office symbol of traveler, security clearance, citizenship, date and place of birth, date and place of naturalization, if applicable, and country to be visited.)

2. Purpose of Visit:

Facility/Unit name and address of Conference/Meeting/Training Camp for each country being visited:

3. Travel directed by:

Point of Contact and DSN number:

4. Date and nature of INVITATION on which visit is based, if applicable:

- ☐ Travel/country clearance has been granted per:
- ☐ Travel/country clearance has not been granted.
- ☐ If travel/country clearance requested by another ACOM, identify message requesting clearance:

5. Proposed itinerary: (Include day-by-day itinerary with estimated dates of arrival and departure, UNITS TO BE VISITED.)

6. Alternate visit dates if visit cannot be accommodated at preferred time:

7. Will trip involve:

YES NO

☐☐

a. Meeting with foreign personnel? If so, identify as outlined below.

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b. US Embassy personnel? If so, identify as outlined below.

If Yes to either of the above, indicate name, grade and position of key personnel to be visited.

8. Will trip involve:

YES NO

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Disclosure of classified information and, if disclosure to foreign nationals is proposed, indicate the security classification of material and authority for disclosure.

9. Local support desired (Check appropriate blocks):

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Hotel accommodations

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Transportation

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Briefings

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Other

☐

Classified courier requirements

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Security guards for aircraft

☐

Onward Bookings

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Requested by other means

10. If request is submitted less than 60 days prior to departure date, state the reason for late submissions and furnish complete justification why trip cannot be conducted at a later date. (If additional space is needed, continue in remarks column)

11. List in each category below the point of contact. (Indicate name, grade, organization, office symbol, commercial and DSN number.)

TRADOC Installation/Activity:

Overseas point of contact information for each country:

Staff Action Office for this visit:

Any other:

12. Classified material (AR 380-5)

YES NO

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a. Will traveler be handcarrying classified material while in travel status?

b. Approval to handcarry classified material must be obtained from the Local Security Official.

13. Remarks: (use this item for continuation of items requiring additional space. Separate sheet of plain bond paper may be used and attached to this form if necessary. Continuation must be crossed-referenced by item number.)

14. Typed name, grade and title of authenticating authority:

15. Signature: